

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

1. Family Name: Tekin		First Name: Oguzhan		Middle Name:		Gender: MALE		N0005198011	
Date of Birth (mm-dd-yyyy): 01-17-1987		City of Birth: Izmir		Country of Birth: TURKEY		Citizenship Country Code: TU		Citizenship Country: TURKEY	
Legal Permanent Residence Country Code: TU		Legal Permanent Residence Country: TURKEY		Position Code: 210		Position: UNIVERSITY LEVEL GROUP			
U.S. Address: 216 SOUTH POPLAR DRIVE SURFSIDE BEACH, SC 29587									
2. Program Sponsor: Intrax Work/Travel						Exchange Visitor Program Number: P-4-06056			
Participating Program Official Description: SUMMER TRAVEL/WORK									
Purpose of this form: Begin new program, accompanied by number (0) of immediate family members.									
3. Form Covers Period:			4. Exchange Visitor Category:						
From (mm-dd-yyyy): 06-13-2008			SUMMER TRAVEL/WORK						
To (mm-dd-yyyy): 10-01-2008			Subject/Field Code: 32.0101		Subject/Field Code Remarks: 32.0101				
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:									
Host Company : \$4,000.00 Personal funds : \$500.00 Total : \$4,500.00									
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).				7. Emmanuel Diaz				Alternate Responsible Officer	
				Name of Official Preparing Form 600 California Street, 10th Floor San Francisco, CA 94106				Title	
				Address of Responsible Officer or Alternate Responsible Officer				Telephone Number	
				Signature of Responsible Officer or Alternate Responsible Officer				Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.									
Signature of Responsible Officer or Alternate Responsible Officer				Date (mm-dd-yyyy) of Signature					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*)			
The Exchange Visitor in the above program: <input checked="" type="checkbox"/> Not subject to the two-year residence requirement. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)						*EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy)			
Signature of Consular or Immigration Officer:  Scott Oudkirk U.S. Consul Title: 5/1/8 Date (mm-dd-yyyy)						Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy)			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).									
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.									
Signature of Applicant: 				Place: ISTANBUL			Date (mm-dd-yyyy): 04-29-2008		